

**State of Oregon Drinking Water Program  
Monthly Disinfection Report for Ground Water Systems**

System Name ROGIVE RIVER PINES PARK PWS ID# 41 01017  
 Month/Year 02/21 Entry Point: STORAGE TANK BLDG Required Minimum Residual 0.4 mg/L

| Date | Time     | Source(s) in use | Lowest free chlorine residual at entry point to distribution system (mg/L) | Notes |
|------|----------|------------------|--|-------|
| 1    | 2:00 PM  | WELL # 2         | 0.5  |       |
| 2    | 4:00 PM  | WELL # 2         | 0.4  |       |
| 3    | 12:00 PM | WELL # 2         | 0.5  |       |
| 4    | 10:25 AM | WELL # 2         | 0.5  |       |
| 5    | 3:30 PM  | WELL # 2         | 0.4  |       |
| 6    | 11:30 AM | WELL # 2         | 0.4  |       |
| 7    | 9:10 AM  | WELL # 2         | 0.6  |       |
| 8    | 10:45 AM | WELL # 2         | 0.6  |       |
| 9    | 1:25 PM  | WELL # 2         | 0.6  |       |
| 10   | 3:50 PM  | WELL # 2         | 0.6  |       |
| 11   | 3:15 PM  | WELL # 2         | 0.6  |       |
| 12   | 12:20 PM | WELL # 2         | 0.6  |       |
| 13   | 10:50 AM | WELL # 2         | 0.5  |       |
| 14   | 2:45 PM  | WELL # 2         | 0.5  |       |
| 15   | 4:30 PM  | WELL # 2         | 0.6  |       |
| 16   | 11:55 AM | WELL # 2         | 0.6  |       |
| 17   | 3:00 PM  | WELL # 2         | 0.5  |       |
| 18   | 12:40 PM | WELL # 2         | 0.6  |       |
| 19   | 4:50 PM  | WELL # 2         | 0.6  |       |
| 20   | 2:10 PM  | WELL # 2         | 0.5  |       |
| 21   | 11:35 AM | WELL # 2         | 0.5  |       |
| 22   | 12:50 PM | WELL # 2         | 0.5  |       |
| 23   | 4:10 PM  | WELL # 2         | 0.4  |       |
| 24   | 3:45 PM  | WELL # 2         | 0.5  |       |
| 25   | 4:30 PM  | WELL # 2         | 0.5  |       |
| 26   | 3:20 PM  | WELL # 2         | 0.4  |       |
| 27   | 10:10 AM | WELL # 2         | 0.5  |       |
| 28   | 12:40 PM | WELL # 2         | 0.6  |       |
| 29   | ---      | ---              | ---  |       |
| 30   | ---      | ---              | ---  |       |
| 31   | ---      | ---              | ---  |       |

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Data Mgmt & Compliance  
Drinking Water Program

Was the chlorine residual ever less than the required minimum residual of 0.4 mg/L?  Yes  No  
 If yes, what was the longest time period until the required level was restored? \_\_\_\_\_ hours

|   |  |
|---|--|
| <p><b>GWS Serving 3,300 or Fewer</b></p> <p>If yes, did you monitor every four hours until the residual returned to _____ mg/L?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach those results and submit them with this form.</p> | <p align="center"><b>GWS Serving More Than 3,300</b></p> <p>Did continuous monitoring equipment fail at any time this reporting month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service?<br/> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attach grab sample results and submit them with this form.</p> |
|   | <p>Date continuous monitoring equipment failed: _____</p> <p>Date it was returned to service: _____</p>  |

Printed Name: ERNEST G PRITCHETT JR Title: OWNER  
 Signature: [Signature] Phone #: (541) 582-1374  
 Date: 02/03/21

Operator Certification #: \_\_\_\_\_  
 OR  
 Small Groundwater System